

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02871

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Rent
 City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 Months
 Hospital, institution, or street address where death occurred:
Water St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Penna. County Blair
 City or town Altoona
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Mary Jane Bain

3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife Joseph W. Bain
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Dec. 2nd. 1863
 8. AGE: Years 84 Months 3 Days 27 It less than one day _____ hrs. _____ min.

9. Birthplace Altoona, Penna.
 (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Daniel Laughman13. Birthplace Penna.14. Maiden name Mary Mc.Cullan15. Birthplace Penna.16. Informant Mrs. Chas. L. AtwaterAddress Chestertown, Md.

17. Burial Date thereof April 1, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fairview Cem.Location Altoona - Blair Co. - Penna.18. Funeral director J. Willis WellsAddress Chestertown, Md.

19. March 31, 1948 Clara S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 1948 at 10:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 23, 1948 to March 30, 1948

and that I last saw her alive on March 30, 1948

Immediate cause of death Paralysis DURATION _____

Due to In the time _____

Due to Obstruction _____

Other conditions Stroke & cerebral _____

(include pregnancy within 3 months of death)

Major findings of operations none Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, list in the following:

Accident, suicide, or homicide None Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury Dead Injured at work? _____

23. SIGNATURE Clara S. Barnes Date signed May 31, 1948

Address Blair Co. - Altoona

RECEIVED

APR 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? none

3. (a) FULL NAME

Samuel Wesley Baxter4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed8. (b) Name of husband or wife Emma Ellen Baxter7. Birth date of deceased (mo., day, yr.) October 14, 1856 6. (c) If alive, give age 48 years8. AGE: Years 91 Months 1 Days 1 If less than one day hrs. min.9. Birthplace Quinn Run Co. Md.
(Town, county, and state)10. Usual occupation Retired Farmer11. Industry or business Farming12. Name Samuel V. Baxter13. Birthplace Kent Co. Md.14. Maiden name Mrs. Emma15. Birthplace Mt. Vernon Md.16. Informant William BaxterAddress Chestertown Md.17. Burial Date thereof Mar 21 1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Sudlawville Cem.Location Sudlawville Md.18. Funeral director J. Willis WellsAddress Chestertown Md.19. March 19, 1948 Clara L. Barnes
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(If newborn infants give residence of mother)
 State Maryland County Kent
 City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war no

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1948 at 1450 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1948 to March 19, 1948and that I last saw him alive on March 19, 1948Immediate cause of death Galunonary DistressDue to Key CarditisDue to Arterio SclerosisOther conditions Apoplexy

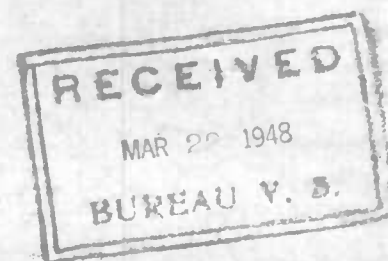
(Include pregnancy within 8 months of death)

Major findings of operations noneAutopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of noWhere did injury occur? no (City or town) (County) (State)Injured at home, farm, industry, public place (where?) noMeans of injury no Injured at work? no23. SIGNATURE Dr. J. Willis Wells M. D. or other noAddress Chestertown Md. Date signed 3/19/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Chestertown and Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Rural Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Chestertown 2nd
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Frank E Bowers

3. (b) Social Security Number

4. Sex

Male

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Feb 3 1861.

8. AGE:

87

Years

1

Months

9

Days

If less than one day

_____ hrs.

_____ min.

9. Birthplace

Galena Md.

(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

Farm

12. Name

Pierce Bowers

13. Birthplace

Galena Md

14. Maiden name

Margaret Lawrence

15. Birthplace

Baltimore Md.

16. Informant

Mrs Maggie Jefferson

Address

Chestertown 2nd Rural17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Mar 17 1948

(month) (day) (year)

Cemetery or crematory

Crumpton

Location

Crumpton 2nd

18. Funeral director

B.P. Willows

Address

Still Cord Md19. March 17

(Date rec'd by registrar)

19. 48Clara L. Barnes.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1948, at 1:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 10 1948, to Mar 12 1948and that I last saw him alive on Mar 12 1948

Immediate cause of death

Chronic myocarditis

DURATION

Due to

Atherosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. H. Hamilton

M. D. or other

Address

Frederick Md

Date signed

3/16/48

RECEIVED

MAR 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02874

93d

201

Reg. Dist. No.

1. PLACE OF DEATH:

County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....
Hospital, institution, or street address where death occurred:.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3.(a) FULL NAME

Alexander Brooks

3.(b) Social Security Number

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced.....

Male Colored Widowed

6.(b) Name of husband or wife..... Elizabeth Brown

7. Birth date of deceased (mo., day, year)..... Dec 25, 1875

8. AGE: Years..... Months..... Days..... It less than one day.....

72 2 8

9. Birthplace.....

Colemans Kent. in 2

10. Usual occupation..... Farm work

11. Industry or business.....

12. Name..... John Brooks

13. Birthplace..... Kent. Co. ind

14. Maiden name..... Mary Francis

15. Birthplace..... Kent. Co. ind

16. Informant..... Georgia B Taylor

Address..... Horton ind

17. Burial Date thereof..... Mar 17, 1948

Cemetery or crematory..... Colemans

Location..... Horton ind Rural

18. Funeral director..... B R Peltier

Address..... Still Bond ind

19. March 17, 1948 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Mar 13, 1948 at 5:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....

May 1944 to Mar 5, 1948

and that I last saw him alive on Mar 5, 1948

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work.....

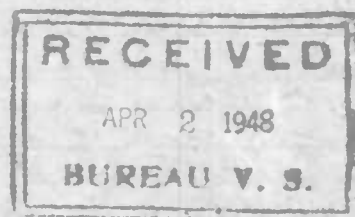
23. SIGNATURE.....

Address..... Date signed.....

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County..... Kent
 City or town..... Charleston P.O. #2
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... all life
 Hospital, institution, or street address where death occurred:
Charleston P.O. #2
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Kent
 City or town..... Charleston P.O. #2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Ham Fair
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Ella C Chambers

3. (b) Social Security Number

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Single
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... September 18, 1861
 8. AGE: Years..... 86 Months..... 6 Days..... 13 If less than one day..... hrs. min.

9. Birthplace..... Quaker Neck Kent Co. Maryland
 (Town, county, and state)

10. Usual occupation..... housekeeping

11. Industry or business..... home

12. Name..... Samuel Thomas Chambers

13. Birthplace..... Queen Ann Co. Maryland

14. Maiden name..... Marion Brown

15. Birthplace..... Kent Co. Maryland

16. Informant..... Mrs. L. V. Lander

Address..... Charleston P.O. #2 Maryland

17. Burial (Burial, cremation, or removal Which?) Date thereof..... April 3, 1948
 (month) (day) (year)

Cemetery or crematory..... Louder Park

Location..... Baltimore, Maryland

18. Funeral director..... Marion V. Williams

Address..... Charleston, Maryland

19. April 1 1948 Clara S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 31 1948 at 4:15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 1944 to Mar. 30 1948
 and that I last saw her alive on March 30 1948

Immediate cause of death..... Melanoma
Simplex
 Due to.....
 Due to.....

Other condition..... Chronic Hypertension
 (Include pregnancy within 8 months of death)

Major findings of operations.....
 Date of op.
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE..... Francis Smith
 Address..... Charleston Date signed..... Apr. 14/48
 M. D. or other

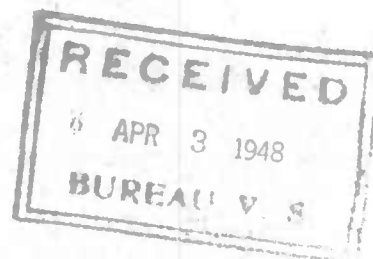
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Smith
02875

93d

1947

86
1461



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Sunday, Dec. 2, 1948

1312

02876

Reg. Dist. No. 2020

1. PLACE OF DEATH:

County Kent
 City or town Charleston
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 yrs.
 Hospital, institution, or street address where death occurred:
230 Lynnhelm St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Charleston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 230 Lynnhelm St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Walter Diggins

3. (b) Social Security Number

4. Sex Male 5. Color or race Col. 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife (late) Mollie Diggins
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) October 19, 1874
 8. AGE: Years 73 Months 5 Days 11 It less than one day hrs. min.

9. Birthplace Baker Woods, Kent Co. Maryland
 (Town, county, and state)

10. Usual occupation laborer

11. Industry or business farm

FATHER 12. Name Prudence Diggins
 13. Birthplace North Carolina

MOTHER 14. Maiden name Clara Upshur
 15. Birthplace Massachusetts

16. Informant Mr. Virgil Diggins Brother
 Address 430 Calvert St. Charleston Ind.

17. Burial Date thereof April 1, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Fontaine

Location Bigg Woods Near Still Pond Ind.

18. Funeral director Wm. V. Williams
 Address Charleston Maryland

19. April 1 19 48 Clara S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 19 48 at 3:00 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 28 19 48 to Mar 30 19 48
 and that I last saw him alive on Mar 28 19 48

Immediate cause of death Coma

DURATION

1 day

Due to Chronic Brights

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. G. Simpson

M. D. or other

Address Charleston Date signed 3 31 48

RECEIVED

APR 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:

County... Kent
 City or town... Rock Hall Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... Life
 Hospital, institution, or street address where death occurred:
Piney creek
 How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Kent
 City or town... Rock Hall Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Piney creek
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Owen H. Elbourne

3. (b) Social Security Number

4. Sex... m 5. Color or race... wh 6.(a) Single, married, widowed, or divorced... widowed
 6.(b) Name of husband or wife...
 7. Birth date of deceased (mo., day, yr.)... April 5 1871
 8. AGE: Years... 76 Months... 11 Days... 3 It less than one day... hrs. min.

9. Birthplace... Kent Co. Md
 (Town, county, and state)
 10. Usual occupation... retiree
 11. Industry or business... self
 12. Name... Owen Elbourne
 13. Birthplace... Kent Co. Md
 14. Maiden name... not known
 15. Birthplace... u u

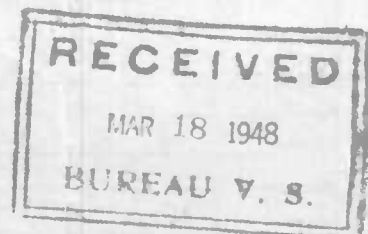
16. Informant... Owen Elbourne
 Address... Rock Hall Md
 17. Burial... Burial Date thereof... March 11 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... Wesley Chapel
 Location... Rock Hall Md
 18. Funeral director... Edgar L. Lane
 Address... Blunch Hall Md
 19. 3/10 19 48 S. Elwood Broman
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 8 19 48 at 845 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 7 19 48 to March 8 19 48
 and that I last saw him alive on 3-8 19 48
 Immediate cause of death...
Cerebral hemorrhage
Paralysis left side
Hypertension
 Due to...
Atherosclerosis
 Other conditions...
 (Include pregnancy within 3 months of death)

DURATION

Major findings of operations... Date of op...
 Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE... Albert A. Burgard M. D. or other
Rock Hall Md Date signed... 3/10/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Chesterton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 months
 Hospital, institution, or street address where death occurred:
811 High Street
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Worton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. —
 (If rural, give LOCATION)
 2. (a) If veteran, name war —

3. (a) FULL NAME

Charles Henry Geism

3. (b) Social Security Number

4. Sex M. 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife (late) Martha Geism
 7. Birth date of deceased (mo., day, yr.) February 10 1875
 8. AGE: Years 73 Months 1 Days 10 If less than one day — hrs. — min. —
 6. (c) If alive, give age — years

9. Birthplace Kent Co. Maryland
 (Town, county, and state)
 10. Usual occupation Contractor
 11. Industry or business Painter

12. Name August Geism
 13. Birthplace Germany
 14. Maiden name Alphonsa Rogus
 15. Birthplace Kent Co. Maryland

16. Informant Wm. J. Arthur Marsh (Nephew)
 Address Worton Maryland

17. Burial Date thereof March 23 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematorium Cheston
 Location Chesterton Maryland

18. Funeral director Marvin V. Williams
 Address Chesterton Maryland

19. March 23 1948 Class L. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 19 48 at 8:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6 19 48 to March 20 19 48
 and that I last saw him alive on 3-20 19 48

Immediate cause of death Broncho-Pneumonia

Due to Myocarditis

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

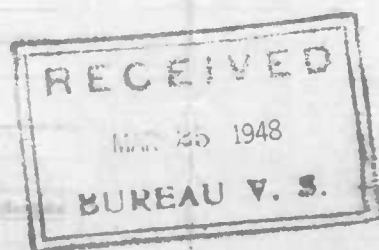
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Al Burgard M. D. or other —
Rock Hall, Md Address — Date signed 3/22/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02879

Reg. Diat. No. 200

1. PLACE OF DEATH:

County KentCity or town Millington
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Florence Henry

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

March 11, 1874

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof April 1, 1948
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

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2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 30, 1948at 4:25 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

March 25, 1948to March 30, 1948and that I last saw him alive on March 28, 1948

Immediate cause of death

myocardial infarction

DURATION

Due to

Due to

Other conditions

Terminal Pneumonia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. H. Hamilton

M. D. or other

Address

Millington, Md.

Date signed

4/1/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Pomona
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all life
 Hospital, institution, or street address where death occurred:
Chesapeake R. D. #3
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Chesapeake R. D. #3
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Pomona
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

James Alfred Johnson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

(Rel.) Margaret Johnson

7. Birth date of deceased (mo., day, yr.)

January 14 1877

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

71122

hrs.

min.

9. Birthplace

Quaker Neck, Kent Co. Maryland
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Private

FATHER

12. Name

Alfred Johnson

13. Birthplace

Kent Co. Maryland

MOTHER

14. Maiden name

Marrett Lindsay

15. Birthplace

Quaker Neck, Kent Co. Md.

16. Informant

Mrs. Mattie Thompson

Address

Pomona, Kent Co. Maryland

17.

Burial

Date thereof

3/11/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Pomona

Location

Pomona, Kent Co. Maryland

18. Funeral director

Marvin V. Williams

Address

Chesapeake Maryland

19.

March 10, 1948Clara S. Barnes

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 81948 at 8:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 71948to March 81948

and that I last saw him alive on

3-81948

Immediate cause of death

chron. infarct by atherosclerosis
decompensated
hypertension
arteriosclerosis

DURATION

Due to

hypertension

Due to

arteriosclerosis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Alfred A. Burgard
Rock Hall, Md.

M. D.

Address

Date signed 3/9/48

RECEIVED

MAR 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County West
 City or town Coleman Rural Norton Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 44 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Keok
 City or town Coleman Rural Norton Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Norton Rd
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife William Jones
 6. (c) If alive, give age 82 years
 7. Birth date of deceased (mo., day, yr.) May 1 1870

8. AGE: Years 77 Months 10 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Still Pond Md
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business Home

12. Name Emmatts McLain

13. Birthplace Talbot Co Md.

14. Maiden name Rachel Starling

15. Birthplace Norton Md Rural Coleman

16. Informant Greta Corneys

Address R Bruden W 1032 And St

17. Burial Date thereof Mar 19 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Colemans

Location Norton Rd Rural

19. Funeral director B B Fellows

Address Still Pond Md

March 19 1948 J Mcleod

19. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 15 19 48 at 4:58 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 22 19 48 to March 15 19 48 and that I last saw her alive on 3-14 19 48

Immediate cause of death _____

gangrene of right foot
arterio-sclerosis

Due to chronic valvular disease

Due to hypertension

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Antemortem results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Albert A. Burgerd M. D. or other _____

Address Rock Hall, Md Date signed 3/17/48

RECEIVED

APR 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02882

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Marynes
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all life
 Hospital, institution, or street address where death occurred:
Chesapeake P. O. #1
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Chesapeake P. O. #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Marynes
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Margaret Elizabeth Newman

3. (b) Social Security Number

4. Sex Female 5. Color or race Col. 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) September 1, 1947
 8. AGE: Years 6 Months 12 Days 12 It less than one day
 hrs. min.

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 13 1948, at 8:30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12 1948 to March 13 1948
 and that I last saw him alive on 3-12 1948
 Immediate cause of death Broncho-Pneumonia

DURATION

Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of Injury Injured at work?

23. SIGNATURE Ed Burgard M. D. or other
Rock Hall Address Date signed 3/13/48

9. Birthplace Marynes Kent Co. Maryland
 (Town, county, and state)
 10. Usual occupation Infant
 11. Industry or business
 12. Name Howard Raymond Newman
 13. Birthplace Marynes Kent Co. Md.
 14. Maiden name Maddie Lively
 15. Birthplace Chesapeake Kent Co. Maryland
 16. Informant Maddie Lively Newman
 Address Marynes, Chesapeake P. O. #1 Maryland
 17. Burial Date thereof 3/14/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Marynes
 Location Near Chesapeake Kent Co. Md.
 18. Funeral director Marvin V. Williams
 Address Chesapeake, Maryland
 19. March 14 1948 Clara S. Barnes
 (Date rec'd by registrar) Registrar

RECEIVED

MAR 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02883

Reg. Dist. No. 200

1. PLACE OF DEATH:

County **Kent**City or town **Rural Millington**
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? **2 Years**

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **MD.** County **Kent**City or town **Rural Millington**
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Lulu M. Passwater

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife **William E. Passwater**7. Birth date of deceased (mo., day, yr.) **May 12 1874**
6. (c) If alive, give age _____ years8. AGE: Years **73** Months _____ Days _____ It less than one day _____ hrs. _____ min.9. Birthplace **Indiana**
(Town, county, and state)10. Usual occupation **Housework**

11. Industry or business

FATHER 12. Name **Steven Willcox**
13. Birthplace **Indiana**MOTHER 14. Maiden name **Mary Aronald**
15. Birthplace **Indiana**16. Informant **Earl Passwater**
Address **Greensboro MD.**17. **Burial** Date thereof **March 24 1948**
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory **Greensboro**
Location **Greensboro MD.**18. Funeral director **Edward Fellows**
Address **Millington MD.**19. **March 21** 19 **48** **Edward Fellows**
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **March 21** 19 **48** at **4³⁰** P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Dec 16** 19 **47** to **March 20** 19 **48**and that I last saw him alive on **March 19** 19 **48**Immediate cause of death **Cause of Gall Bladder** DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE **H. H. Hamilton** M. D. or otherAddress **Millington MD** Date signed **3/27/48**

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

02884

93d

1. PLACE OF DEATH:

County KentCity or town Marysville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5.9 yrs
Hospital, institution, or street address where death occurred:How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Marysville
(If outside city or town limits, write RURAL and give nearest town)Street No. —
(If rural, give LOCATION)2.(a) If veteran, name war —

3. (a) FULL NAME

Harry Gilbert Ransom

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Laura H Chase6. (c) If alive, give age 87 years7. Birth date of deceased (mo., day, yr.) Aug 26, 18658. AGE: Years 82 Months 6 Days 29 If less than one day — hrs. — min.9. Birthplace Smyrna Del
(Town, county, and state)10. Usual occupation Retired R.R. worker11. Industry or business —12. Name Sumner W. Ransom13. Birthplace Del14. Maiden name Rhodes Lundy15. Birthplace Del.16. Informant Two Laura RansomAddress Marysville Md17. Burial Date thereof April 23, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St Peter's CemeteryLocation Smyrna, Del.18. Funeral director J. Wells LariceAddress Smyrna, Del.19. March 27, 1948 Edward Fellows
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 20 19 48 at 1:10 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 46 to July 20 19 48
and that I last saw him alive on July 18 19 48

Immediate cause of death

Coronary Occlusion

DURATION

Due to General Arterial SclerosisDue to Chronic MyocarditisOther conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE C. M. White

M. D. or other

Address Luptonville, Md Date signed 3/20/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

STANDARD FORM NO. 100

OFFICE OF THE ATTORNEY GENERAL

NOT A REPLY

RECEIVED

MAR 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Kent
 City or town Lynch and
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Lynch and
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Robert N. Rask

3. (b) Social Security Number

217-07-2146

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 31 1874

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>7</u>	<u>21</u>	_____ hrs. _____ min.

9. Birthplace

Baltimore and

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

Woodwork

12. Name

Newman Rask

13. Birthplace

Maryland

14. Maiden name

Mary M. Carter

15. Birthplace

Maryland

18. Informant

Childred in BurialAddress Cape May Rd Baltimore andBurialDate thereof Mar 13 1948

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory

Still Pond

Location

Still Pond and

18. Funeral director

B.R. Fellows

Address

Still Pond andMarch 13 1948

(Date rec'd by registrar)

J. McLaugh

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 10 1948 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 9th 1948 to Mar 10 1948and that I last saw him alive on Mar 10th 1948

Immediate cause of death

Angina Pectoris

DURATION

1 day

Due to

Arterial Sclerosis

6 mo.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

L. P. Alwell

M. D. or other

Address Still Pond Date signed 3-12-48

RECEIVED

APR 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02886

Reg. Dist. No. 201

1. PLACE OF DEATH:

County State PondCity or town State Pond
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 37 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Still Pond md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

James A Redding

3. (b) Social Security Number

220-03-51424. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Clara Redding6. (c) If alive, give age 55 years7. Birth date of deceased (mo., day, yr.) age unknown8. AGE: Years 67 Months _____ Days _____ It less than one day _____ hrs. _____ min.9. Birthplace Still Pond md
(Town, county, and state)10. Usual occupation General work

11. Industry or business _____

12. Name Alexander Redding13. Birthplace Kent Co md14. Maiden name Malinda15. Birthplace Kent Co md16. Informant Clara ReddingAddress Still Pond md17. Burial Date thereof Mar 31 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Int. ZionLocation Still Pond md18. Funeral director RR & SallowsAddress Still Pond md19. March 31 1948 Registrar J. H. Clark
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28 1948, at 1040A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 26 1948 to Mar 28 1948, and that I last saw him alive on Mar 27 1948Immediate cause of death Coronary thrombosis

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. G. Simpson M. D. or other _____Address Charter Town Date signed 3.22.48

RECEIVED

APR 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The format age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of
age and birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1111'4 APR 61 1948

CERTIFICATE OF DEATH

02887

Reg. Dist. No. 201

1. PLACE OF DEATH

County Kent

City or town Still Pond
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County Kent

City or town Still Pond
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Williams Starling

3. (b) Social Security Number

4. Sex M. 5. Color or race C. 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Rena Starling

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) December 1877

8. AGE: Years 71 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Kent County, Md.
(Town, county, and state)

10. Usual occupation Labourer

11. Industry or business _____

12. Name Unknown

13. Birthplace Kent County, Md.

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Nattie Cole

Address Still Pond, Md.

17. Burial Date thereof Mar 26 '48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt Zion

Location Still Pond, Md.

18. Funeral director B.R. Fellows

Address Still Pond, Md.

19. March 26 1948 Registrar J.W. Cook

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 '48 at 12:17 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____

and that last saw him _____

Immediate cause of death Chronic myocarditis DURATION _____

Due to Chronic myocarditis

Due to Chronic myocarditis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. H. H. Jones M.D. or other _____

Address Still Pond, Md. Date signed 3/24/48

RECEIVED

APR 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent

City or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

Kent and Green Avenues

How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Ch. Betterton
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Martha Van Dyke Turner

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife William L. Turner

7. Birth date of deceased (mo., day, yr.) March 14, 1874 8.(c) If alive, give age _____ years

8. AGE: Years 74 Months 0 Days 12 If less than one day _____ hrs. _____ min.

9. Birthplace Cecilton Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Van Dyke

13. Birthplace Unk.

14. Maiden name Mary Vandergrift

15. Birthplace Unk.

16. Informant Hosp. Records

Address Chestertown, Md.

17. Burial Mar. 29, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Still Pond Cem.

Location Still Pond, Maryland

18. Funeral director J. Willis Wells

Address Chestertown, Md.

19. March 26, 1948 Clara L. Barnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1948 at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 23, 1948 to March 25, 1948 and that I last saw her alive on March 25, 1948

Immediate cause of death Coronary Thrombosis DURATION 5 days

Due to Coronary artery disease

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. C. Dick, M.D. M. D. or other _____

Address Chestertown, Md. Date signed 3-25-48

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NAVY AND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THE DEPARTMENT OF HEALTH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

RECEIVED

MAR 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02889

Reg. Dist. No. 2.021

1. PLACE OF DEATH:

County Kent
 City or town Water P.O. #1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 de.
 Hospital, institution, or street address where death occurred:
Smithhall
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Smithhall
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Water P.O. #1
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Lewis A. Twell

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife
 6. (c) If alive, give age. — years

7. Birth date of deceased (mo., day, yr.) March 19, 1948

8. AGE: Years Months Days If less than one day
6 0 2 hrs. min.

9. Birthplace Water Kent Co. Maryland
 (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name Walter H. Hurlin

13. Birthplace Water Kent Co. Maryland

14. Maiden name Dorothy C. Poole

15. Birthplace Baltimore Maryland

16. Informant Mr. Walter H. Hurlin

Address Water P.O. #1 Maryland

17. Burial Date thereof 3/22/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Union Christian

Location Christiansburg, Maryland

18. Funeral director Wm. V. Williams

Address Christiansburg Maryland

19. March 22, 1948 Clara S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 19 48 at 6:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 19, 1948 to Mar 20, 1948 and that I last saw him alive on Mar 20, 1948

Immediate cause of death Distention of Heart when home DURATION 2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. P. Atwell M. D. or other

Address Steele Pond Date signed 3/21/48

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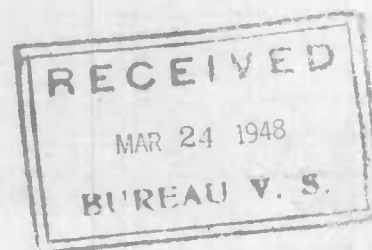
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02890

Reg. Dist. No. 202

1. PLACE OF DEATH: Kent
 County.....
 City or town..... Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... life
 Hospital, institution, or street address where death occurred:
 Water St.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland..... County..... Kent
 City or town..... Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Jennie Brice Whaland

3. (b) Social Security Number

4. Sex..... female
 5. Color or race..... white
 6. (a) Single, married, widowed, or divorced..... widowed
 6. (b) Name of husband or wife..... Charles W. Whaland M.D.
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... Dec. 3, 1861

8. AGE: Years..... 86 Months..... 3 Days..... 7 If less than one day..... hrs. min.

9. Birthplace..... Kent. Co. Maryland
 (Town, county, and state)

10. Usual occupation..... housewife
 Home

11. Industry or business.....

FATHER 12. Name..... John Brice
 13. Birthplace..... Kent Co. Maryland

MOTHER 14. Maiden name..... Annie Ford
 15. Birthplace..... Kent Co. Maryland

16. Informant..... Mrs. Mary Whaland (Nicholson)
 Address..... Chestertown, Md.

17. Burial Date thereof..... Mar. 14, 1948
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)
 Cemetery or crematory..... St. Paul Cemetery
 Location..... near - Chestertown, Md.

18. Funeral director..... J. Willis Wells
 Address..... Chestertown, Md.

19. March 17, 1948 Class B. Barnes.
 (Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 10, 1948..... 19..... at..... 3.15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 Jan. 1947..... 19..... March 10, 1948..... 19.....

and that I last saw him/her alive on..... March 10, 1948..... 19.....

Immediate cause of death.....
 Diabetic Coma
 Diabetes

Due to..... Myocarditis
 Artefio Sclerosis

Due to.....
 Several yrs.

Other conditions.....
 Several yrs.

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... None
 None Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... No Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?
 J. Willis Wells M.D.

23. SIGNATURE..... Chestertown Md
 M. D. or other..... 3.11.48

Address..... Date signed.....

RECEIVED

MAR 15 1948

BUREAU V. S.